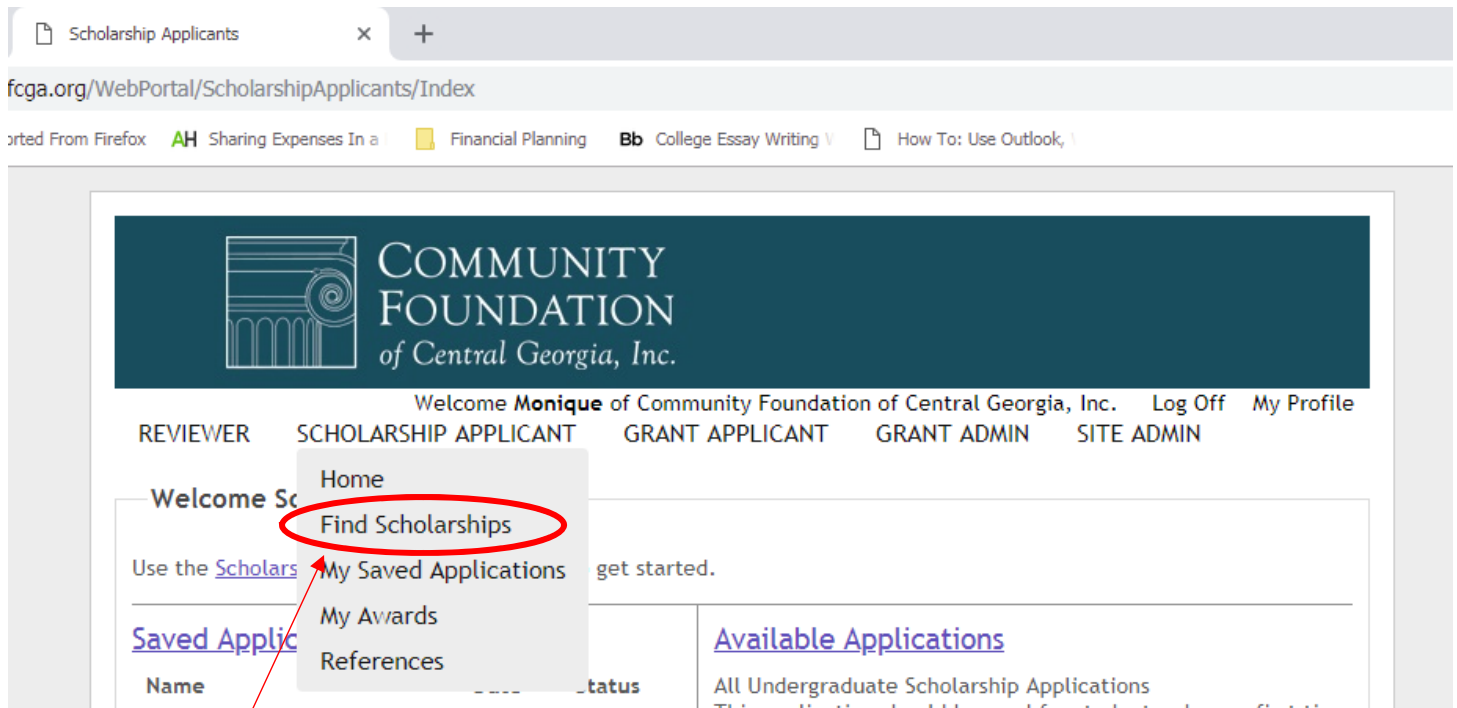


Completing your Renewal Application in the CFCG Web Portal

- Log into the CFCG Webportal by visiting <https://remote.cfcga.org/WebPortal>



- Place your mouse over **SCHOLARSHIP APPLICATION**
- Select **Find Scholarships** from the drop down menu
- Click on **Scholarship Renewal Application**

G. Michael Shoffner M.D. Scholarship Application	Now
The intent of this scholarship is to provide a non-traditional medical school student financial support to further their medical education.	
Gladys Lasky Scholarship Application	Now
To provide a scholarship to a ballet student to participate in classical ballet instruction or summer intensives.	
John and Nancy Nations Scholarship Application	Now
To support students from Georgia to attend a United Methodist seminary or Asbury Theological Seminary with the intent of becoming a United Methodist minister.	
Scholarship Renewal Application	Now
This application should be used for students who are previous recipients of a renewable Community Foundation Scholarship. Not all Community Foundation Scholarships are renewable. The Chapin Henley M.D Scholarship Fund, Thiele Kaolin Higher Education Scholarship Fund, GIGA Inc Scholarship Fund and the Alvin V. Palmer Scholarship Fund are not renewable and students must reapply using the "All Undergraduate Scholarship Application".	

The scholarship renewal application is password protected, and the password will be emailed to you every year. On this page enter the application password.



Welcome **Monique** of Community Foundation of Central Georgia, Inc. [Log Off](#) [My Profile](#)
[REVIEWER](#) [SCHOLARSHIP APPLICANT](#) [GRANT APPLICANT](#) [GRANT ADMIN](#) [SITE ADMIN](#)

Application Password

Enter the application password

Applicant Information

Scholarship Information

School Information

Terms and Conditions

NAME	
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Name you wish to be called:	<input type="text"/>
CURRENT MAILING ADDRESS	
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
CONTACT INFORMATION	
Phone Number:	<input type="text"/>
Email Address: Please provide an email address that is checked regularly, all communications regarding scholarships will be sent to this address.	<input type="text"/>
OTHER INFORMATION	
Are you currently employed?	<input type="text"/>

- Please complete the application in its entirety (all four tabs) and be sure to upload your transcript as a PDF file.

- Once the the ALL fields have been completed, click Submit.

- If you have any technical difficulties please contact the CFCG office at 478-7501-9338.

